

Pool Membership Form

Resident: ☐ Pass #: _____Non-Resident: ☐ Lesson #: _____

400 W. Virginia Street
Stayton, Oregon 97383
(503) 767-POOL

Applicants Names: _____

Home #: _____

Address: _____

Cell #: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Membership – Types

Youth Pass: (under 18) ☐ Family Pass: ☐ Lesson Add-On: ☐ Swim Team: ☐Adult Pass: (18 years & older) ☐ VIP Pass: ☐ Senior: (59 or older) ☐ Senior Couple: ☐

Pool Memberships are NON-TRANSFERABLE (2 Adults 3 Children 17 & under)

Family Members, including yourself	Age	Relationship
1. Adult		
2. Adult		
3.		
4.		
5.		

Emergency Information

Please list any family members with special medical information, including but not limited to current medications:

Contact Person: _____

Phone #: _____

Contact Person other than Family: _____ Phone #: _____

Family Doctor: _____

Office #: _____

I acknowledge that I have a complete understanding of the potential risk associated with this activity, including injury and death, and I voluntarily agree to assume all such risk. I hereby release, discharge, indemnify, and agree the City of Stayton, it's officers, agents, and employees, harmless from and against all liability, claims actions, suit, damages, loss or injuries of any kind, nature or claim as a result of any act or omission related to the program(s) offered by the City of Stayton.

Signature of Applicant: _____ Date: _____

Amount:	Cash/Check:	Date Paid:	Date Exp	Staff Initials:	Lesson/YMCA #
\$ _____	_____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____	_____

Turn Over Page for More Renewals